

Clerk stamps below when form is filed.

1 Name of protected person: \_\_\_\_\_

Your address (you may give a mailing address if you want to keep your street address private; skip this if you have a lawyer):  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone (optional): \_\_\_\_\_ Fax (optional): \_\_\_\_\_

Your lawyer (if you have one): (lawyer's name and State Bar number, firm, if any, address, telephone number, Fax number (optional), and e-mail address (optional)):  
\_\_\_\_\_

**DRAFT 6**  
**06/15/09 xyz**  
**Not Approved by the**  
**Judicial Council**

Court name and street address:

**Superior Court of California, County of**

**Case Number:**

2 Name of restrained person: \_\_\_\_\_

Describe that person: Sex:  M  F Ht.: \_\_\_\_\_ Wt.: \_\_\_\_\_

Race: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

3 I ask the court to renew the Restraining Order After Hearing (DV-130). A copy of the order is attached.

a. The order ends on (date:) \_\_\_\_\_

b. The order has been renewed \_\_\_\_\_ times.

c. I want the order to be renewed for (check one):

5 years  permanently  other (specify time period): \_\_\_\_\_

4 I ask the court to renew the order because: (Check all that apply)

a.  The person in 2 has violated the order (explain what happened): \_\_\_\_\_

b.  I am afraid that the person in 2 will abuse me in the future because: \_\_\_\_\_

c.  Other: (Explain below or attach an additional page. Write "Form DV-700, Item 4c" at the top.)

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
Type or print your name



\_\_\_\_\_  
Sign your name

**This is not a Court Order.**